

## Work Order ID 100123

April-18-13 10:24:52 AM

\*100123\*

Page 1

Item ID: 646.3210

Accept

Revision ID:

Item Name: Support

Start Date: 4/18/13 Start Qty: 10.00

\*10\*

Required Date: 5/02/13 Req'd Qty: 10.00

\*10\*

Reference:

Approvals: Process Plan: MUS

Date: 13-04-18 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_

Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
646.3200	n/c								

100 0.00

\*100\*

BAND SAW

Bandsaw

Jeaspa Bandsaw

Memo

Cut Blank at 10.35"

ark 13/05/16

10 0

110

\*110\*

HAAS CNC VERTICAL MACHINING #1

HAAS 1

HAAS CNC vertical machine #1

Memo

1-Machine per folio FB146

DWG REV: 4A

FOLIO REV: N/L

ark 13/05/17

10 0

DAS  
08  
08

D.o 13/05/18

2- deburr and break all sharp edges

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
Part No. _____			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio  <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

**Work Order ID 100123**

April-18-13 10:24:52 AM

**\*100123\***

Page 2

Item ID: 646.3210

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: Support

Stop

**\*NS2\***

Start Date: 4/18/13 Start Qty: 10.00

**\*10\***

Cust Item ID:

Required Date: 5/02/13 Req'd Qty: 10.00

**\*10\***

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

120

QC2- Inspect parts off machine FAI/FAIB

0.00

4/13/05/17

10

d

**\*120\***

QC

Quality Control

Memo

0.00

130

QC8- Inspect parts - second check

0.00

**\*130\***

QC

Quality Control

Memo

0.00

DAS

25

9-89/3-5-22

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

**\*140\***

Outsource4

Outsource process - Anodize

Memo

0.00

Issue P/O: 20099

Black Anodize as per Dwg 646.9700

4/13/05/05/10

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	
			Work Order Update <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
						Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Other <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector	
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
				Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>			
				Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>			
				Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>			
				Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>				
				Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>				
				Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>			
				Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>					
				Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>					
				Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>					
				Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>					

**Work Order ID 100123**

April-18-13 10:24:52 AM

**\*100123\***

Page 3

Item ID: 646.3210

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Support

Stop

**\*NS2\***

Start Date: 4/18/13

Start Qty: 10.00

**\*10\***

Cust Item ID:

Required Date: 5/02/13

Req'd Qty: 10.00

**\*10\***

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

150

**\*150\***

Packaging

Packaging

Receive &amp; Inspect for Damage &amp; Mat'l Certs

0.00

*13/8/12 10*

155

**\*155\***

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

*N/A*

160

**\*160\***

SprayPaint

Spray Painting

Spray Painting per QSI005 4.2

0.00

*CX 1306112*

Memo

0.00

PRIME AS PER DWG, SEE NOTE #2

CARDINAL 4860-50 PRIMER BATCH: 125452

NCR: Yes / No

DQA: Date:

## **WORK ORDER NON-COMPLIANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending				Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
Cracks				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
Crushed/Crimped.				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
Cuffs				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
Heat Treat				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
Inspection Strip in Tube				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>					
Ripples in Bend				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>						
Torque Waves in Extrusion				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

**Work Order ID 100123**

April-18-13 10:24:52 AM

**\*100123\***

Page 4

Item ID: 646.3210

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Support

Stop

**\*NS2\***

Start Date: 4/18/13 Start Qty: 10.00

**\*10\***

Cust Item ID:

Required Date: 5/02/13 Req'd Qty: 10.00

**\*10\***

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***Sequence ID/  
Work Center ID

170

**\*170\***

QC

Quality Control

Operation  
Description

QC14-Inspect Spray Paint

6

Memo

Set Up/  
Run Hours

0.00

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

0.00 13/6/13

10

180

**\*180\***

Packaging

Packaging

Identify as per dwg & Stock Location: ST542

0.00

Memo

0.00

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

10X W.W. 13-06-13  
8P

190

**\*190\***

QC

Quality Control

QC21-Final Inspection - Work Order Release

0.00

Memo

0.00

13/6/17 JW. 13-06-13

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <hr/> <hr/> <hr/>	
										<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <hr/> <hr/> <hr/>	
										<input type="checkbox"/> Other	

**Picklist Print**

April-18-13 10:24:56 AM

Page 1

Work Order ID: 100123

**\*100123\***  
**\*646 3210\***

Parent Item: 646.3210

Parent Item Name: Support

Start Date: 4/18/13

Required Date: 5/02/13

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A NEW ISSUE 12-11-09 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B6.000X1.000 7075-T6 BAR 6.000" X 1.000"	Purchased	No				f		8.0000		9.073684			

**\*M7075T6B6 000X1 000\***

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT001	8	
124030	8	

907

M125363 X 8.

on R 13/05/13

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

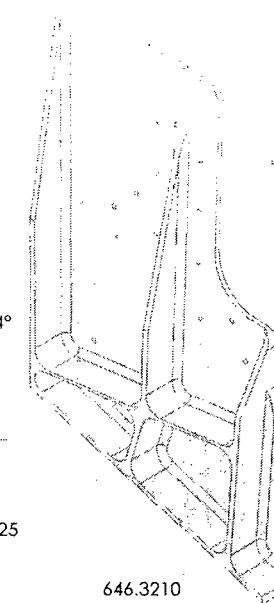
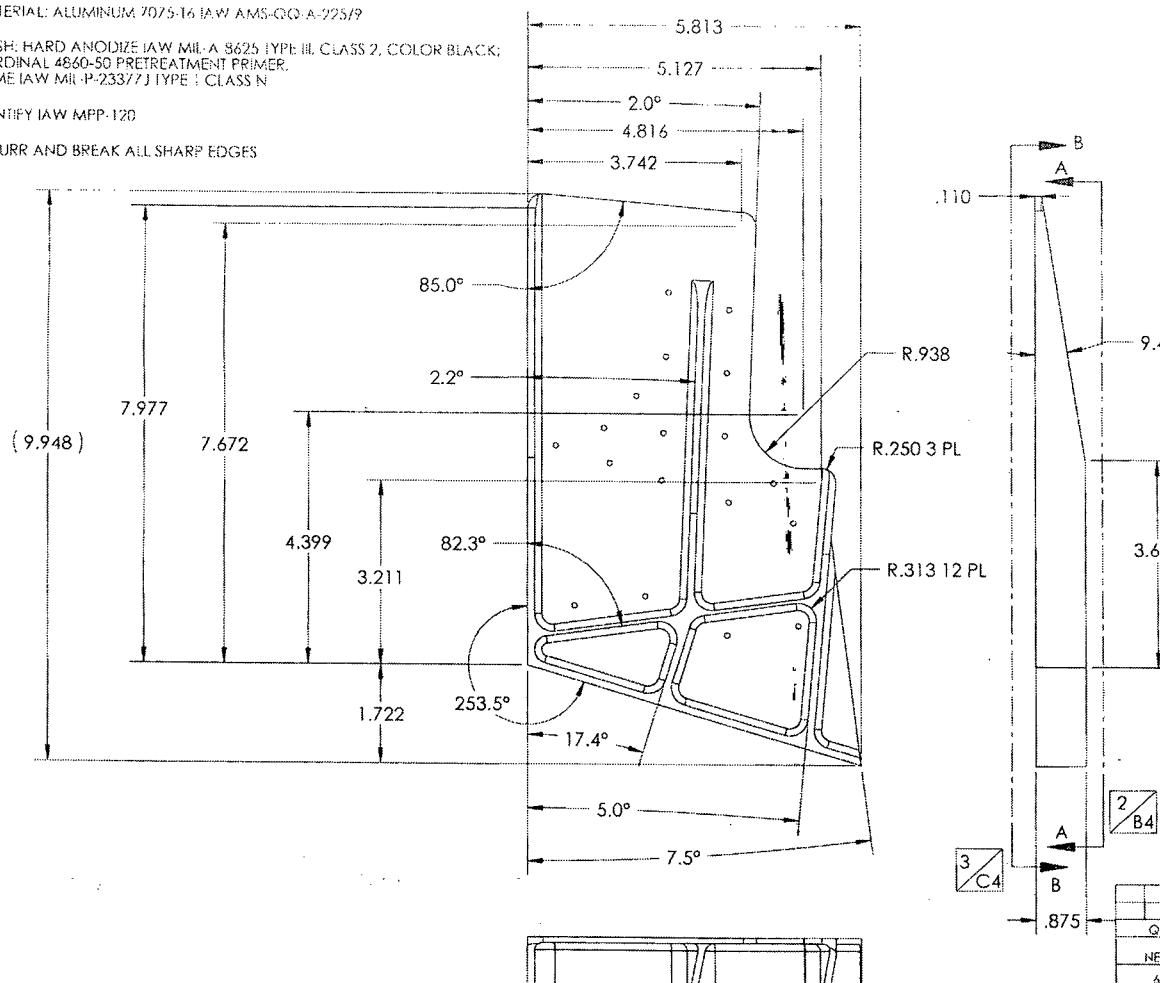
**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS							
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <hr/> <hr/> <hr/>			
										<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <hr/> <hr/> <hr/>			
										<input type="checkbox"/> Other			

PAGES:

1. MATERIAL: ALUMINUM 7075-T6 IAW AMS-QQ-A-225/9
  2. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER, PRIME IAW MIL-P-2337J TYPE I, CLASS N
  3. IDENTIFY IAW MPP-120
  4. DEBURR AND BREAK ALL SHARP EDGES



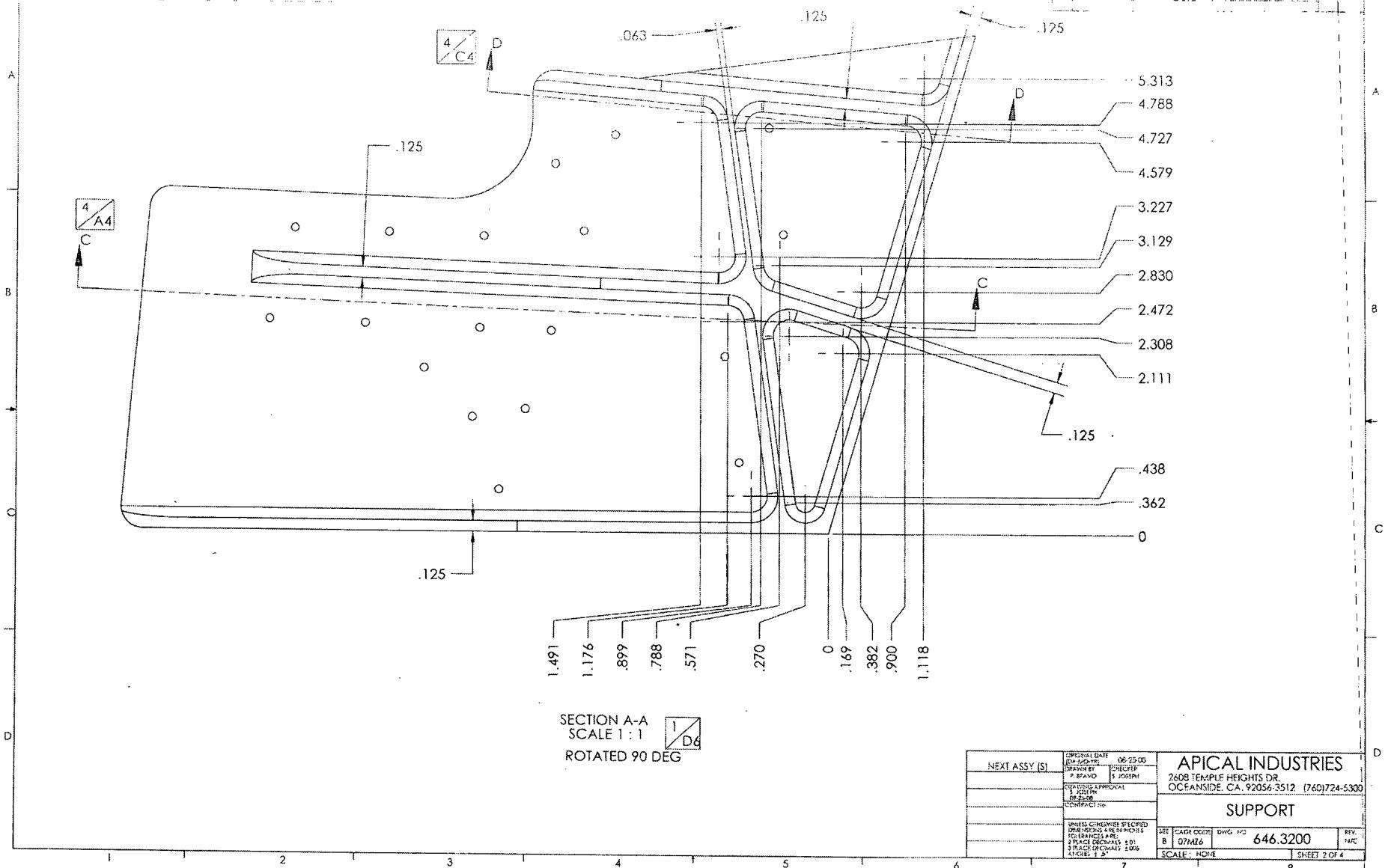
100123 MCL  
13-04-18

		646.3210	SUPPORT		
	FIND #	PART #	DESCRIPTION	MATL	SPEC.
QTY			PARTS LIST		
NEXT ASSY (\$)	ORIGINAL DATE 09-25-08	REWORKED DATE 09-25-08	REWORKED BY P. RIAV D. EDRY		
646.4000	DRAWING APPROVAL 09-25-08	CONTRACT NO.			
	TECHNICAL SPECIFICATIONS EMISSIONS API 5100 EDITION 1 PLACE GEOMETRIC 101 3 PLACE GEOMETRIC 1005 4 PLACE GEOMETRIC 1000				
	SHT / CAGE CODE / DMC NO.	B / TM762	646.3200	REV. B	
	SCALE / NONE			1 SHEET / 1 OF 4	

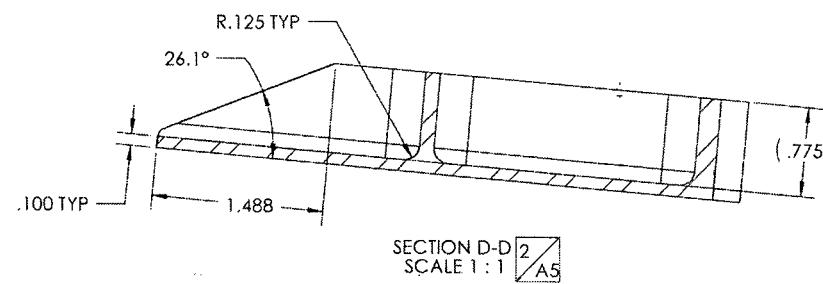
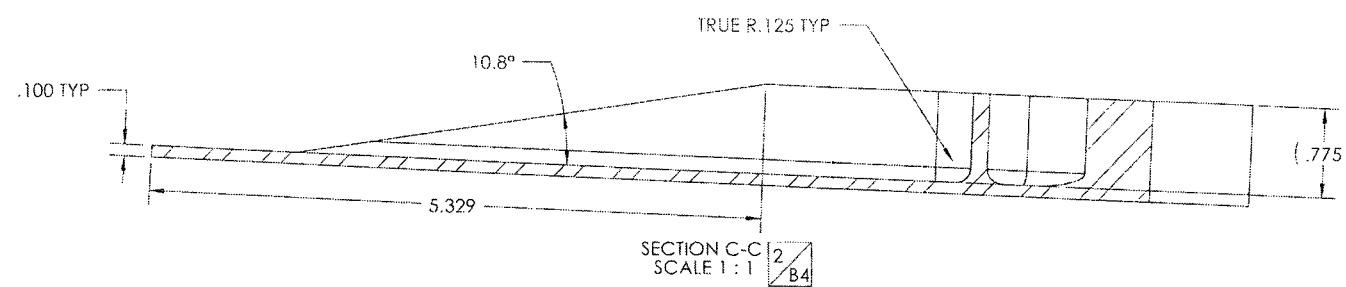
**APICAL INDUSTRIES**  
2606 TEMPLE HEIGHTS DR.  
OCEANSIDE, CA. 92056-3512 (760)724-5300

**SUPPORT**

100123



100123



NEXI ASSY /JS	ORIG/M DATE 09-2-08 DRAWN BY P. JAVO RELEASER S. JOSEPH DRAWING APPROVAL D. TAYLOR CONTRACT NO.	APICAL INDUSTRIES 2408 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92054-3512 (760)724-5300
	UNITED STATES DRAWN IN INCHES 1/16 INCHES = 1MM SPACE DECIMALS 2.25 ANGLES ± 3°	SHEET 646.3200 REV. A C4CL CODE: B DATE: 07/14/08 SCALE: 1:1 SHEET 4 OF 4

DART AEROSPACE LTD	Work Order:	100123 93350
Description: SUPPORT	Part Number:	641a.3210
Inspection Dwg: 1411-3200 Rev: M/C		Page 1 of 1

# FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	<u>Onk</u>	Audited by:	<u>DAS</u> <u>25</u>	Preliminary Approval:	
Date:	13/05/17	Date:	9-89 13-5-22	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62441

Date: 12-Jun-13

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
10 ea	Part: 646.3311 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2  PRIME MIL-P-23377J TYPE I CLASS N Job: 20130360 PO: 19997 Line:
10 lot	Part: 646.3210 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2  PRIMER PER MIL-P-23377J TYPE I CLASS N Job: 20130359 PO: 20099 Line:
1 lot	Part: ASST 10 PCS 646.3715 12 PCS 646.3812  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2  PRIME MIL-P-23377J TYPE I CLASS N Job: 20130358 PO: 20113 Line:
	Certificate of Conformance



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62441

Date: 12-Jun-13

#### To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

#### Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

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Terms	Ship Via
	<p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p>ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>12/6/13</u></p> <p>CERTIFIED SIGNATURE: <u>m</u></p> <p>RECEIVER SIGNATURE: _____</p>